

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008510	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/07/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HERITAGE HEALTH-NORMAL

**509 NORTH ADELAIDE
NORMAL, IL 61761**

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S9999	<p>Final Observations</p> <p>Annual Licensure and Certification survey</p> <p>Validation Survey for Subpart U: Alzheimer Unit</p> <p>Statement of Licensure Violations:</p> <p>300.615 e) 300.615 f)</p> <p>300.615 e) Determination of Need and Request for Resident Criminal History Record Information</p> <p>In addition to the screening required by Section 2-201.5 a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police.</p> <p>300.615 f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.statel.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to initiate a request within 24 hours of admission an Illinois State Police criminal history</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/29/16

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S9999	<p>Continued From page 1</p> <p>background check for nine residents (R47-R54, R59) in the supplemental sample; the facility also failed to check the Illinois Department of Corrections Sex Registrant search page for twelve of twelve (R42, R47-R54, R59, R60, R61) newly admitted residents in the supplemental sample to determine if the resident was a sex offender.</p> <p>The findings include:</p> <p>1. On 1/5/16 at 3:45 pm E22 Admissions Coordinator stated, that when a resident is admitted, E22 sends an email request to the facility corporate office to request the Illinois State Police do a criminal history background check. E22 stated she also checks the Illinois Sex Offender website and the Department of Correction websites to make sure the residents are not offenders.</p> <p>The results of 14 newly admitted resident's criminal background checks, and website checks were reviewed with E22 on 1/5/16 at 4:00 pm. According to review of the resident admission information, Uniform Conviction Information Act (UCIA) Name Inquiry Submission forms and Criminal History Information Response forms, nine of the 15 residents (R47-R54, R59) admitted to the facility did not have background check requests sent to the Illinois State Police (ISP) with in 24 hours. The requests were sent 3-6 days after admission. The facility received the ISP response to the criminal history inquiries the same day as requested.</p> <p>R48 was admitted on 1/2/16 and the request to ISP was initiated on 1/5/16. R47 was admitted on 12/22/15 and the request to the ISP was initiated on 12/28/15.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R49, R50 were admitted on 12/31/15 and the request to the ISP was initiated on 1/5/16. R51 was admitted on 12/24/15 and the request to the ISP was initiated on 12/28/15. R54 was admitted on 12/22/15 and R52, R53 were admitted on 12/23/15. The requests to ISP were initiated on 12/28/15.</p> <p>R59 was admitted on 10/9/15. The request to ISP was initiated on 10/15/15. The response on 10/15/15 was "In Process Held." The UCIA report dated 11/05/15 had a "HIT" result for felony convictions that qualified R59 as an identified offender.</p> <p>2. The results of the Department of Corrections website checks for 12 of 12 residents reviewed (R42, R47-R54, R59, R60, R61) resulted in a response of "Inmate Not Found". On 1/5/16 at 4:40 pm E22 pulled up the Illinois Department of Corrections website and stated she types the name of the resident in the Inmate Search box and hits search. E22 was not aware she should check the Sex Offender Parolee registrant list on the drop down menu of the website which shows a list of all registered sex offenders that can be checked to ensure new residents were not sex offenders.</p> <p>On 1/5/16 at 3:45 pm E22 stated she has been doing the resident criminal history checks since September 2015. E22 stated she was not aware that the criminal background checks had to be requested within 24 hours. E22 stated if a resident was admitted on the weekend or on a holiday E22 would send the email request to the corporate office on the next business day.</p> <p>The facility "Admission Policy Regarding Convicted Sex Offender/Felons" dated 6/24/15</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>states the procedure says: For a pre-admission inquiry: The Department of Corrections and Illinois Sex Offender registry website checks will be performed for all prospective residents ..In addition, a UCIA name base background checks will be conducted on all new residents within 24 hours after admission. Information regarding the new residents will be forwarded to Central Office in order for the UCIA check to be be conducted.." (B)</p> <p>300.626 c) 300.627 c)</p> <p>300.626 c) Discharge Planning for Identified Offenders 300.627 c) Transfer of an Identified Offender</p> <p>When a resident who is an identified offender is discharged, the discharging facility shall notify the Department. When a resident who is an identified offender is transferred to another facility regulated by the Department...,the transferring facility shall notify the Department and the receiving facility that the individual is an identified offender before making the transfer.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to notify the Department of the discharge/ transfer of two residents (R32, R37) who were Identified Offenders. This affected one resident (R32) in the sample of 22 and one resident in the supplemental sample (R37).</p> <p>The findings include:</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 1/4/16 at 9:30 am the facility identified one current resident who is an identified offender (R59). The "Illinois Department of Public Health Identified Offender Report by Facility Detail " report dated December 9, 2015 listed R59 as well as two other residents, R32, and R37 as residing in the facility. The residents were identified as low risk offenders.</p> <p>R32 and R37 were not on the facility current resident roster. The resident admission/discharge report dated 1/4/16 showed that R32 was admitted to the facility on 8/15/15 and was discharged out of state on 9/12/15. R37 was admitted on 4/28/15 and was transferred to another facility on 6/2/15.</p> <p>On 1/6/16 at 9:55 am E22 stated they did not notify the Department that the residents were discharged. E22 stated the facility was not aware that they had to notify the Department when an identified offender was discharged or transferred. E22 confirmed that it is stated in the current facility policy that this will be done.</p> <p>The facility "Addendum to Admission Policy Regarding Convicted Sex Offenders/Felons" dated 2/2011 states "Within three business days of the death or discharge of an identified offender the administrator will notify the IDPH (Illinois Department of Public Health) Identified Offender Program by submitting via fax a completed Identified Offender Information Form and copy of the most recent UCIA criminal history response on file...The confirmation notification will be placed in the discharge file of the identified offender."</p> <p>(B)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>300.7020 b)1)8) Assessment and Care Planning b) The care plan shall be developed by an interdisciplinary team within 21 days after the resident's admission to the unit or center. The interdisciplinary team shall include, at least, the attending physician, a nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, the resident, the resident's representative, and the certified nursing assistant (CNA) who is primarily responsible for this resident's direct care, or an alternate, if needed, to provide input and gain insight into the care plan. Others may participate at the discretion of the resident.</p> <p>1) The care plan shall be ability centered in focus (see Section 300.7030) and shall define how the identified abilities, strengths, interests, and preferences will be encouraged and used by addressing the resident's physical and mental well-being; dignity, choice, security, and safety; use of retained skills and abilities; use of adaptive equipment; socialization and interaction with others; communication, on whatever level possible (verbal and nonverbal); healthful rest; personal expression; ambulation and physical exercise; and meaningful work.</p> <p>8) The resident and the resident's representative shall be given the opportunity to participate in care plan development and modification. If they are unable to attend, a copy or summary of the care plan or modifications shall be provided to the resident and resident's representative.</p> <p>These requirements are not met.</p> <p>Based on interview and record review the facility failed to develop timely interdisciplinary care plans and failed to involve the resident or resident representative in the development of the initial care plan for two of four residents (R20, R28) reviewed for the Alzheimer's Special Care Unit in the sample of 22.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Findings include: The facility's Special Care Unit policy dated 8/25/05 documents, "...Members of the care plan team consist of the resident, resident P.O.A. (Power of Attorney), guardian or designee, Unit Director, Social Worker, Activities, Dietary Manager, CNA (Certified Nursing Assistant)/direct care-givers and Care Plan Coordinator. A nursing assessment is completed within the first 24 hours of a resident being admitted to the facility. An MDS (Minimum Data Set) is completed within 14 days of admission...Care plans are then put on the unit, accessible to all employees, and implemented. The facility's Careplan Process policy dated 8/1/12 documents, "All disciplines in attendance of the care plan meeting are to sign the attendance sheet. Family/residents should sign the attendance sheet if they were present for review." On 1/6/16 at 9:30 AM, E14 Alzheimer's Special Care Unit Coordinator stated the initial careplan is developed by individual disciplines which include the Social Service Director, Activity Director, Dietary Director, and the Alzheimer's Special CAre Unit Coordinator. E14 stated each discipline completes a resident care plan independently for their department. E14 stated it is not until after the first quarterly minimum data set (MDS) assessment that the interdisciplinary team meets to discuss the resident's care plan as a whole. E14 stated the resident and/or resident representative is invited to a care plan meeting after the first quarterly MDS is completed. E14 stated that there is not a care plan meeting for the initial care plans. R28's Plan of Care dated 10/08/15 documents R28 was admitted on 3/31/15. R28's care plan was initiated on 4/13/15. R28's record does not include a signed participation sheet for R28's</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>initial care plan. R20's Plan of Care dated 12/09/15 documents R20 was admitted on 12/7/15. R20's care plan was initiated on 12/20/15. R20's record does not include a signed participation sheet for R20's initial care plan.</p> <p style="text-align: right;">(AW)</p> <p>Section 300.7040 e)</p> <p>Section 300.7040 e) Activities e) Activities shall be adapted, as needed, to provide for maximum participation by individual residents. If a particular resident does not participate in at least an average of 4 activities per day over a one-week period, the unit director shall evaluate the resident's participation and have the available activities modified and/or consult with the interdisciplinary team. This requirement is not met. Based on interview and record review the facility failed to modify activities after residents did not participate in four activities per day over a one week period for two of four residents (R17, R19) reviewed for the Alzheimer's Special Care Unit in the sample of four. Findings include: R17's Activity participation records dated 12/1/2015 through 1/5/2016 documents that R17 did not participate in four activities on any day for those dates. R17's Activity participation record documents that R17 did not attend or refused at least three of the five activities offered on those dates. R19's Activity participation records dated 12/1/2015 through 1/5/2016 documents that R19 did not participate in four activities on any day for those dates. R19's Activity participation record documents that R19 did not attend or refused at least two of the five activities offered on those dates.</p>	S9999	

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S9999	<p>Continued From page 8</p> <p>On 1/6/16 at 9:30 AM, E14 Alzheimer's Coordinator stated E14 is aware that R17 and R19 refuses activities. E14 stated that the Activity Director is responsible for modifying the activity plan for R17 and R19. E14 stated E14's expectation would be that the activity department would do a one on one activity if a resident misses or is not attending activities.</p> <p>On 1/6/16 at 10:45 AM, E31 Activities Director stated R17 and R19's activity plan have not been re-evaluated. E31 was aware that R17 and R19 were not attending activities but did not realize activity plans should be reevaluated as E31 is new to the position.</p> <p>(B)</p> <p>300.7050 e)f) Staffing</p> <p>e) Nurses, CNAs, and social services and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall attend at least 12 hours of continuing education every year, specifically related to serving residents with Alzheimer's disease and other dementia. (Completion of the 12 hours of orientation in accordance with subsection (d) of this Section may be counted as continuing education for the year in which this orientation is completed.) Topics shall include, but not be limited to:</p> <ol style="list-style-type: none"> 1) Promoting the philosophy of an ability-centered care framework; 2) Promoting resident dignity, independence, individuality, privacy and choice; 3) Resident rights and principles of self-determination; 4) Medical and social needs of residents with Alzheimer's disease and other dementia; 5) Assessing resident capabilities and developing and implementing services plans; 6) Planning and facilitating activities appropriate 	S9999		

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S9999	<p>Continued From page 9</p> <p>for a resident with Alzheimer's disease and other dementia;</p> <p>7) Communicating with families and others interested in the resident;</p> <p>8) Care of elderly persons with physical, cognitive, behavioral, and social disabilities;</p> <p>9) Common psychotropics and their side effects; and</p> <p>10) Local community resources.</p> <p>f) Within 6 months after January 1, 2005, or within 6 months after hire, the facility administrator and director of nursing shall attend the orientation for staff who work on the unit at least 50 percent of the time in accordance with subsection (d).</p> <p>These requirements are not met.</p> <p>Based on interview and record review the facility failed to ensure staff working on the Alzheimer's Special Care Unit completed 12 hours of Alzheimer's/dementia specific training and failed to ensure the Administrator and Director of Nursing completed the required 16 hours of dementia specific training. This failure has the potential to affect four of four (R17, R19, R20, and R28) residents reviewed for the Alzheimer's Special Care Unit in the sample of 22 and 14 residents (R38, R64 through R76) on the supplemental sample.</p> <p>Findings include:</p> <p>The Facility's Special Care Unit policy dated 8/25/2005 documents that there will be, "On going, intensive staff training specific to Alzheimer's disease and dementia (minimum 16 hours per year)."</p> <p>On 1/5/16 at 12:00 PM, E14 Alzheimer's Special Care Unit Coordinator stated that all staff working on the Alzheimer's unit complete online training. The online training is Dementia/Alzheimer's related. E14 stated E14 keeps a book in her office with a printout of the trainings in order to</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>monitor completion of the online courses. The 2015 Training Transcript for E13 Certified Nurse's Assistant (CNA) documents attendance totaling 10 hours of Alzheimer's based training. The 2015 Training Transcript for E12 Licensed Practical Nurse documents attendance totaling five hours of Alzheimer's based training. The 2015 Training Transcript for E30 Activity Assistant documents attendance totaling five hours of Alzheimer's based training. The 2015 Training Transcript for E2 Director of Nursing documents attendance totaling five hours of Alzheimer's based training. The 2015 Training Transcript for E1 Administrator documents no attendance for Alzheimer's based training. On 1/6/16 at 12:20 PM, E1 confirmed that E13, E12, and E30 did not attend the 12 hours of Alzheimer's based training in 2015. E1 stated that the Alzheimer related trainings are completed on the computer. E1 confirmed that E2 had completed only five hours (of the required 16 hours) of Alzheimer's based training for 2015 and that E1 had not completed any Alzheimer's based training for 2015.</p> <p>(AW)</p>	S9999		